| ORDER FOR SUPPLIES OR SERVICES  |                    |                     |   |  |   |                       |  |                      |                      |   | PAGE 1 OF 3                                   |   |
|---|--------------------|---------------------|---|--|---|-----------------------|--|----------------------|----------------------|---|---|---|
|   |                    |                     |   |  |   |                       |  |                      |                      |   |   |   |
|   |                    |                     | VERY ORDER  | (YYYYMMMD)                                   |   | ER/CAL                |  |                      | QUEST NO.            | 5. PRIORITY DOA4                        |   |   |
| 6. ISSUED BY CODE W56HZV  |                    |                     |   | 7. ADMINIST                                  | 2007JUN18 SEE SCHEDULE  7. ADMINISTERED BY (If other than 6) CODE S   |                       |  |                      |                      | 8. DELIVERY FOB                         |   |   |
| U.S. ARMY TACOM LCMC  AMSTA-AQ-AHPB  ED PRESSLEY (586)753-2312  WARREN, MICHIGAN 48397-5000  HTTP://CONTRACTING.TACOM.ARMY.MIL  WEAPON SYSTEM: WPN SYS: JT  EMAIL: ED.PRESSLEY@US.ARMY.MIL                                  |                    |                     |   |  | DCMA CHICAGO 1523 WEST CENTRAL ROAD BLDG 203 ARLINGTON HEIGHTS IL 60004-2451  SCD: B PAS: NONE ADP PT: H00339 |                       |  |                      |                      |   | DESTINATION  X OTHER  (See Schedule if other) |   |
| 9. CONTR  | ACTOR              |                     |   | CODE   | 14108   | SCD: B<br>FACIL       |  | 10. DE               |                      | ADP PT: HQ033<br>OB POINT BY (Date)     | 39  | 11. X IF BUSINESS IS  |
| HADER-SEITZ, INC. 15600 WEST LINCOLN AVENUE NAME AND ADDRESS  |                    |                     |   | (YYYYMMDD)  SEE SCHEDULE  12. DISCOUNT TERMS |   |                       |  |                      |                      | X SMALL SMALL DISADVANTAGED WOMAN-OWNED |   |   |
|   | •<br>TYPE E        | BUSI                | INESS: Other Sma  | all Bus:                                     | iness Peri  | Forming in            | •<br>U.S.  |                      | AIL INVOICE Block 15 | S TO THE ADDRESS                        | IN BLOCK                                      |   |
| 14. SHIP 7  |                    | ,,,,,               | TIEDD COILET DING   | CODE   |   |                       | T WILL BE MADE I   | COD                  | E HQ0339             | MARK ALL                                |   |   |
| SEE   | SCHEDULE           |                     |   |  |   | DFA:<br>P.O           | S - COLUMBUS<br>S-CO/WEST ENT<br>. BOX 182381<br>UMBUS, OH 432 | 'ITLEM               | ENT OPERA            | ATIONS                                  |   | PACKAGES AND<br>PAPERS WITH<br>IDENTIFICATION<br>NUMBERS IN<br>BLOCKS 1 AND 2 |
| 16. DELIVERY/ CALL TYPE  THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBER.  |                    |                     |   |  |   |                       |  | E NUMBERED CONTRACT. |                      |   |   |   |
| OF<br>ORDER   | PURCHASE           |                     | Reference your Oral Written Quotation, Dated                          |  |   |                       |  |                      |                      |   |   |   |
|   |                    |                     | ACCEPTANCE. THE<br>BEEN OR IS NOW M                                   |  |   |                       |  |                      |                      |   |   | MAY PREVIOUSLY HAVE<br>ME.  |
| NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED (YYYYMMMDD)  If this box is marked, supplier must sign Acceptance and return the following number of copies:  17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE |                    |                     |   |  |   |                       |  |                      |                      |   |   |   |
| CE.E  | COMEDINE           |                     |   |  |   |                       |  |                      |                      |   |   |   |
| SEE SCHEDULE  18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICE   |                    |                     |   |  | 20. QUANTITY 21. 22. UNIT PRICE ORDERED/ UNIT ACCEPTED*   |                       |  | 22. UNIT PRICE       | 23. AMOUNT           |   |   |   |
|   | CON<br>F<br>KIN    | rrac<br>irm<br>D 01 | HEDULE<br>CT TYPE:<br>-Fixed-Price<br>F CONTRACT:<br>ly Contracts and | d Price                                      | d Orders  |                       |  |                      |                      |   |   |   |
|   | accepted by the    |                     |   | 4. UNITED                                    | STATES OF A   | AMERICA<br>WITTE /SIG | GNED/  |                      |                      |   | 25. TOTAL<br>26.                              | \$215,527.00  |
| If differen   |                    | uanti               | ty accepted below   | BY:  |   |                       | RMY.MIL (586)  |                      |                      | RDERING OFFICER                         | DIFFERENCE                                    | 5   |
|   |                    |                     | 20 HAS BEEN   |  |   |                       |  | -                    |                      |   | I.  | •   |
|   | PECTED TURE OF AUT |                     | ECEIVED A IZED GOVERNMENT I   |  |   | ORMS TO CONT          | c. DATE (YYYYMMMD)   |                      | d. PRINTE            | D NAME AND TITLE<br>SENTATIVE           | OF AUTHORIZE                                  | D GOVERNMENT  |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |                    |                     |   |  |   | VE                    | 28. SHIP. NO.  |                      | 29. D.O. VOUCHER NO. |   | 30. INITIALS                                  |   |
| f. TELEPHONE NUMBER g. E-MAIL ADDRESS   |                    |                     |   |  |   | PARTIA FINAL          | PARTIAL 32. PAID BY FINAL                                      |                      |                      | 33. AMOUNT V                            | <br>  VERIFIED CORRECT FOR                    |   |
| 36. I CER   | TIFY THIS ACC      | COU                 | NT IS CORRECT AND I   | PROPER F                                     | OR PAYMENT  | г.                    | 31. PAYMENT  |                      |                      |   | 34. CHECK NU                                  | UMBER   |
| a. DATE (YYYYMMMDD)  b. SIGNATURE AND TITLE OF CERTIFYING OFFICER PARTIAL FINAL  35. BILL OF 1  |                    |                     |   |  |   | ADING NO.             |  |                      |                      |   |   |   |
| 37. RECEIVED AT  38. RECEIVED BY (Print)  39. DATE RE (YYYYMMM)   |                    |                     |   |  | 40. TOTAL CO<br>TAINERS   | N-                    | 41. S/R ACCO   | OUNT NUMBER          | 42. S/R VOUCE        | 42. S/R VOUCHER NO.                     |   |   |

CONTINUATION SHEET

## Reference No. of Document Being Continued PIIN/SIIN DAAE07-03-D-N068/0007 MOD/AMD

Page 2 of 3

Name of Offeror or Contractor: HADER-SEITZ, INC.

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE | AMOUNT        |
|---------|--|----------|------|------------|---------------|
|         | SUPPLIES OR SERVICES AND PRICES/COSTS  |          |      |            |               |
| 0014    | NSN: 3040-00-678-7076<br>FSCM: 19207<br>PART NR: 8743887<br>SECURITY CLASS: Unclassified   |          |      |            |               |
| 0014AA  | PRODUCTION QUANTITY  | 281      | EA   | \$         | \$ 215,527.00 |
|         | CLIN CONTRACT TYPE: Firm-Fixed-Price NOUN: CYLINDER ASSEMBLY,A PRON: EH73S689EH PRON AMD: 01 ACRN: AA AMS CD: 060011   |          |      |            |               |
|         | Description/Specs./Work Statement TOP DRAWING NR: TDP 8743887 DATE: 23-JAN-2003  |          |      |            |               |
|         | Packaging and Marking PACKAGING/PACKING/SPECIFICATIONS: SEE PACKAGING ROMTS SHEET LEVEL PRESERVATION: Commercial LEVEL PACKING: Commercial   |          |      |            |               |
|         | Inspection and Acceptance INSPECTION: Origin ACCEPTANCE: Origin  |          |      |            |               |
|         | Deliveries or Performance           DOC         SUPPL           REL CD         MILSTRIP         ADDR         SIG CD         MARK FOR         TP CD           001         W56HZV7163T770         W31G1Z         J         1           DEL REL CD         QUANTITY         DEL DATE           001         261         01-FEB-2008           002         20         01-MAR-2008 |          |      |            |               |
|         | FOB POINT: Origin  |          |      |            |               |
|         | SHIP TO:  (W31G1Z) XR W0L7 ANNISTON MUNITIONS CTR  TRANS OFFICER 256 235 6837 CL V  7 FRANKFORD AVE BLDG #380  ANNISTON AL 36201-4199  |          |      |            |               |
|         | CONTRACT/DELIVERY ORDER NUMBER DAAE07-03-D-N068/0007   |          |      |            |               |
|         |  |          |      |            |               |

Reference No. of Document Being Continued **Page** 3 **of** 3 **CONTINUATION SHEET** PIIN/SIIN DAAE07-03-D-N068/0007 MOD/AMD Name of Offeror or Contractor: HADER-SEITZ, INC. CONTRACT ADMINISTRATION DATA PRON/ JOB 
 LINE
 AMS CD/
 OBLG

 ITEM
 MIPR
 ACRN STAT
 ACCOUNTING CLASSIFICATION
 ORDER ACCOUNTING OBLIGATED NUMBER AMOUNT STATION 26KB S20113 0014AA EH73S689EH AA 2 97 X4930AC9D 6D W56HZV 215,527.00 060011 TOTAL \$ 215,527.00 OBLIGATED ACCOUNTING SERVICE AMOUNT TOTAL BY ACRN ACCOUNTING CLASSIFICATION NAME STATION Army AA 97 X4930AC9D 6D 26KB S20113 W56HZV \$ \_\_\_ 215,527.00 215,527.00 TOTAL \$

<u>ACRN</u> <u>EDI ACCOUNTING CLASSIFICATION</u>

AA 97 0X0X4930AC9D S20113 76D00000600110000026KB S20113